

Name
in
Full

Benedict B. Addinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Gaithersburg	Kent	Months	Days
Date of death	Month	Day	Years	
1906	Oct.	20	Age	63
Sex	Male	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	W.	Name of Wife or Husband	Susan M. Strong	
Father's Name	Midford J. Addinson			
Mother's Maiden Name	Lydia Biggane			
Name of person giving information	Susan M. Strong			
How related to deceased				
wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis Pneumonia

How long

3 years

Immediate

Cathartics

How long

One.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

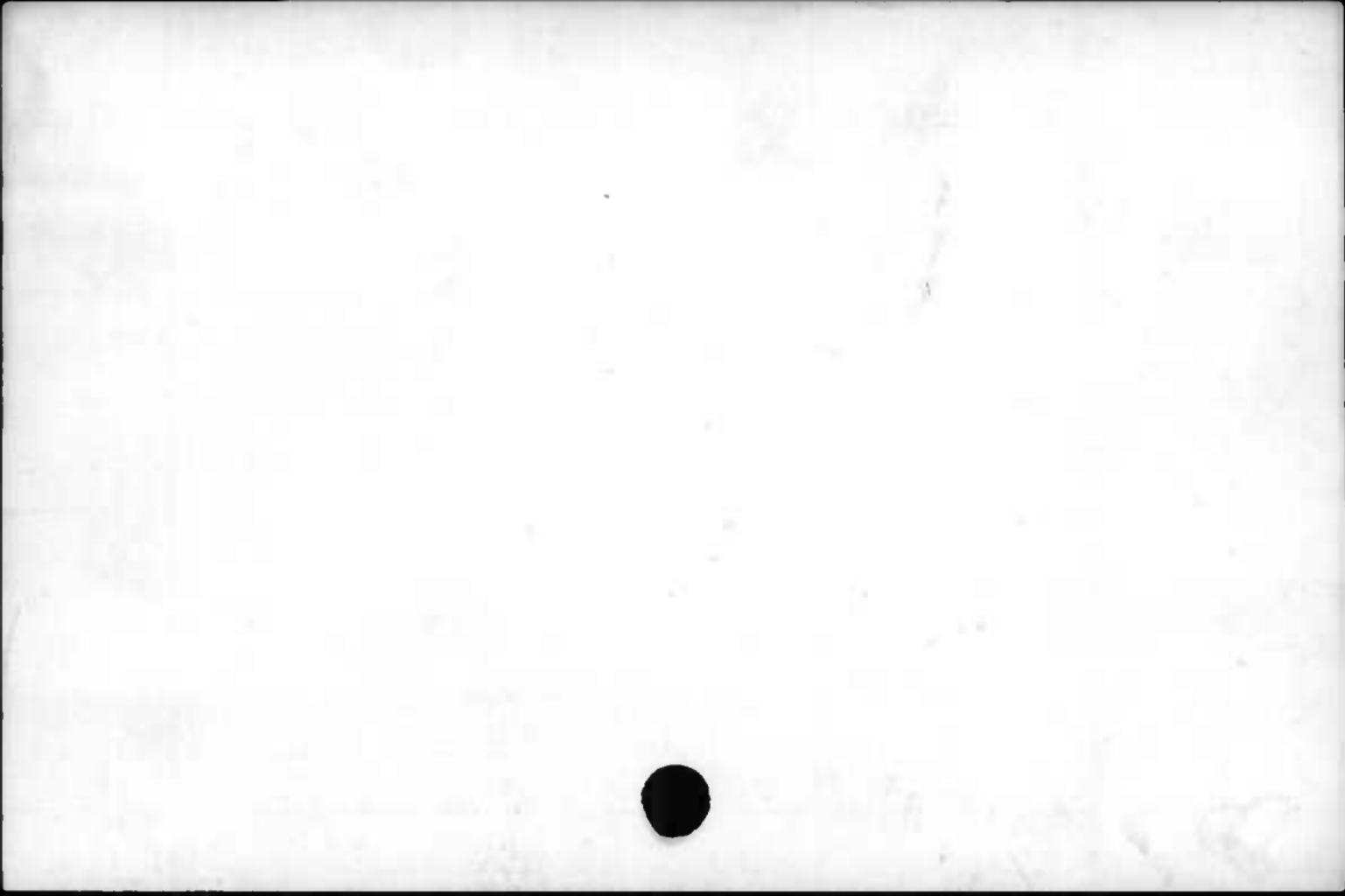
Address

Franklin Smith

Gaithersburg

2nd

Accident or Suicide?



Name
in
Full

George Edward Baley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND		
Died at	Rock Hall		Kent				
Date of death	Month	Day	Years	Age	Months	Days	
1906	OCT	17	74				
Sex	Color or Race		Black		Virginia		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Adaline Baley		Ma		
Father's Name	Milton Baley				Va		
Mother's Maiden Name	Emmaline Moore				Va		
Name of person giving information	Adaline Baley				Wife		

CAUSES OF DEATH

Primary

Bright Disease
Exhaustion

How long

14 months

Immediate

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

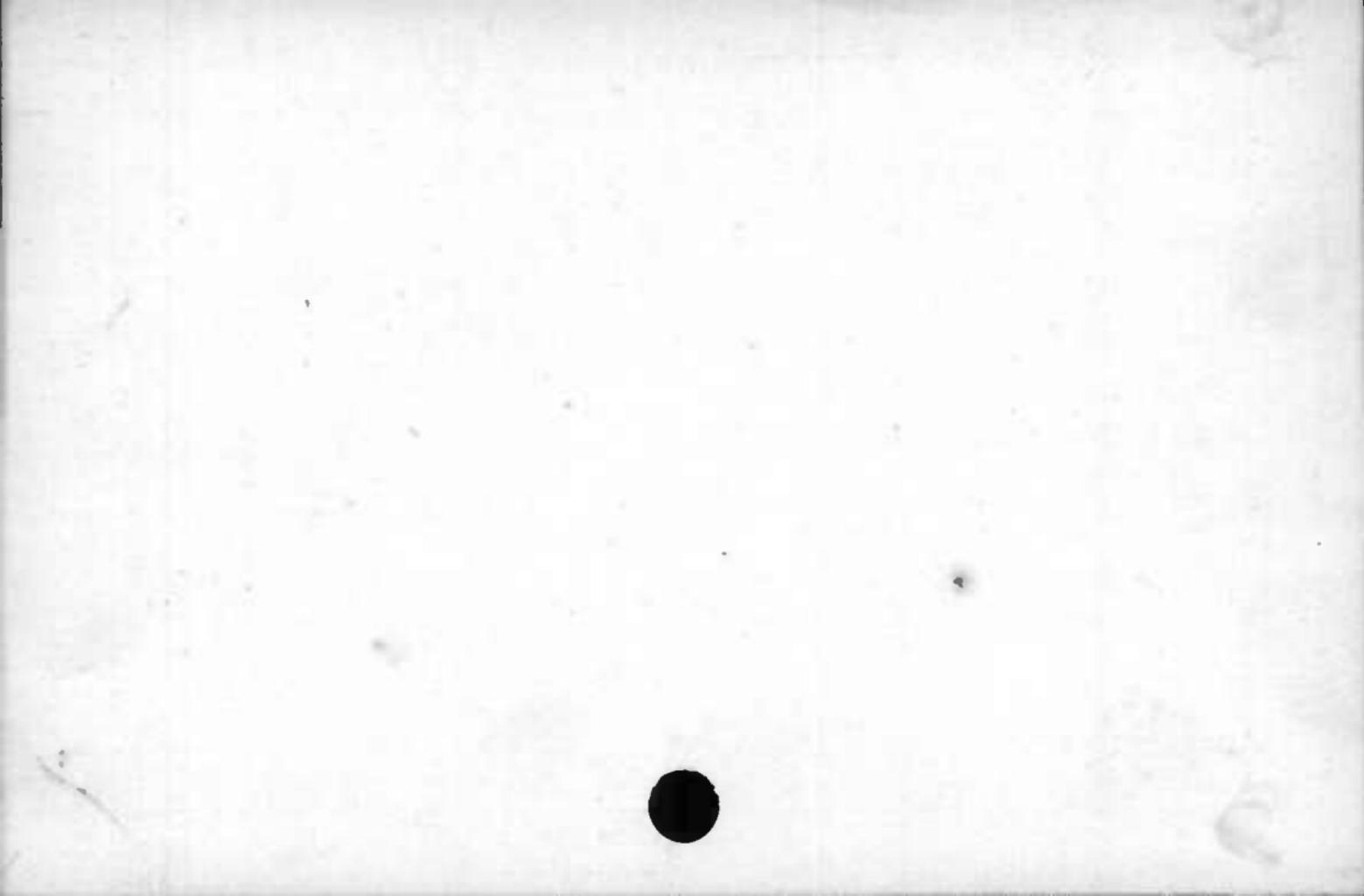
Signature of Physician

Address

Dr. F. F. Beale M.D.
Rock Hall Md

9

Accident or Suicide?



Name
in
Full

Leben Bergen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

9

Died at	Town	County	Kent		
Date of death	Month	Day	Years	Months	Days
1906	Oct	14	75	4	-
Sex	Male	Color or Race	Black	Birth-place	4-81
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Single				
Father's Name	Unknown		Father's Birthplace		
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving Information	W th	Muller	How related to deceased friend		

CAUSES OF DEATH

Primary

Cardiac Asthma

(19) How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. P. Atwell M.D.
Still Pond
Md.

Accident or Suicide?

Colchicum

Name
In
Full

Mary Biddle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bethelville	Kent			
Date of death	Month	Day	Years	Months	Days
1906	Oct	8	148		
Sex	Color or Race	Where Residing if not at place of death	Birthplace		
Female	White	Queen Anne Co			
Occupation	Housewife				
Married, Single or Widowed	Name of Husband	Samuel Biddle			
Father's Name	Wm H. Lewis	Father's Birthplace	Queen Anne		
Mother's Maiden Name	Sarah (Lindsay) Lewis	Mother's Birthplace	Queen Anne		
Name of person giving information	Wm H. Lewis	How related to deceased	Father		

CAUSES OF DEATH

Primary

Aortic Aneurism

How long

Two Years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

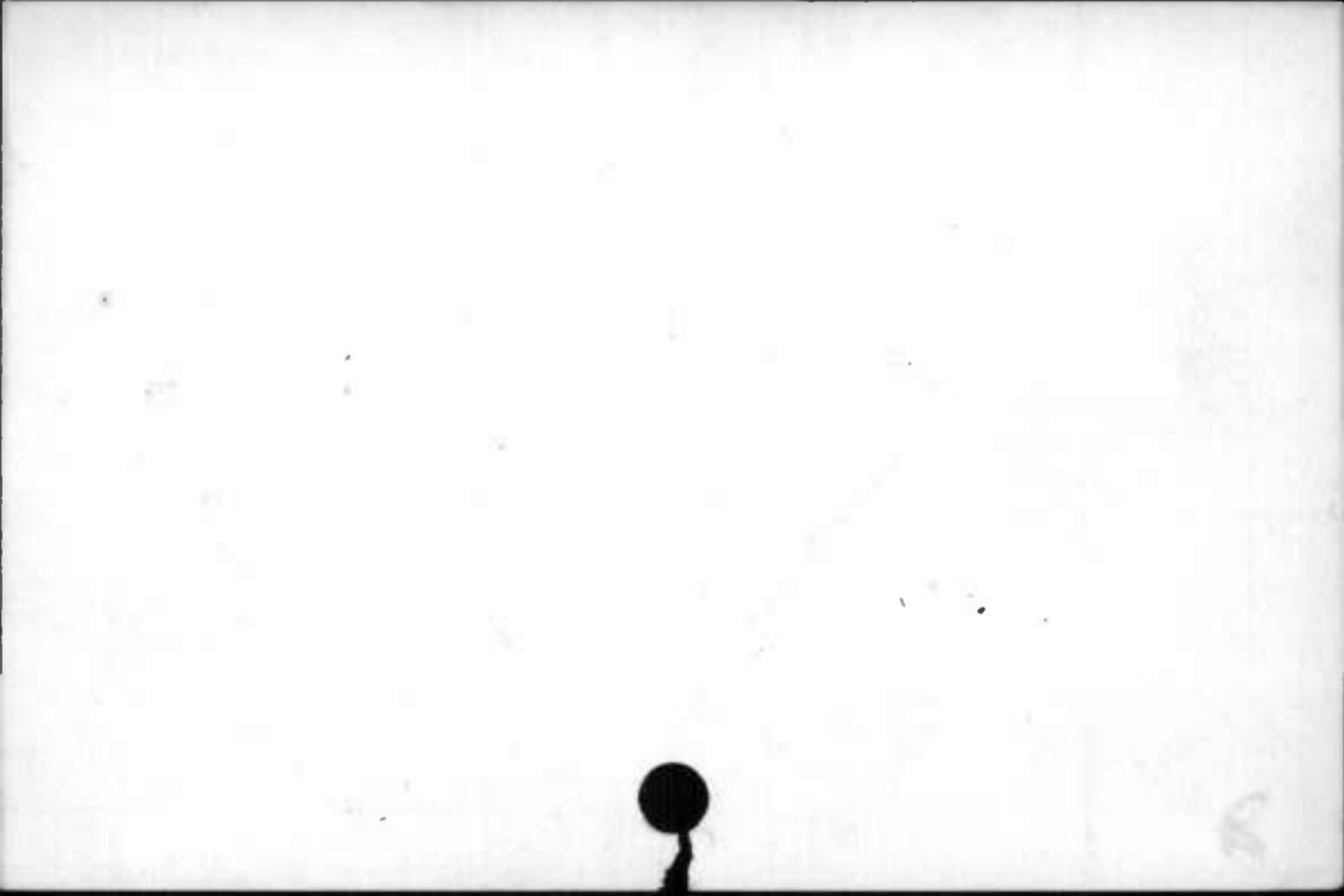
Address

Dr. George W. Miller

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Lillian Blackiston

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Thos Blackiston			
Father's Name	John Turner				
Mother's Maiden Name	Carrie Bergen				
Name of person giving Information	Richard Leeney				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

don't know

Immediate

Asthenia

How long

Several weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

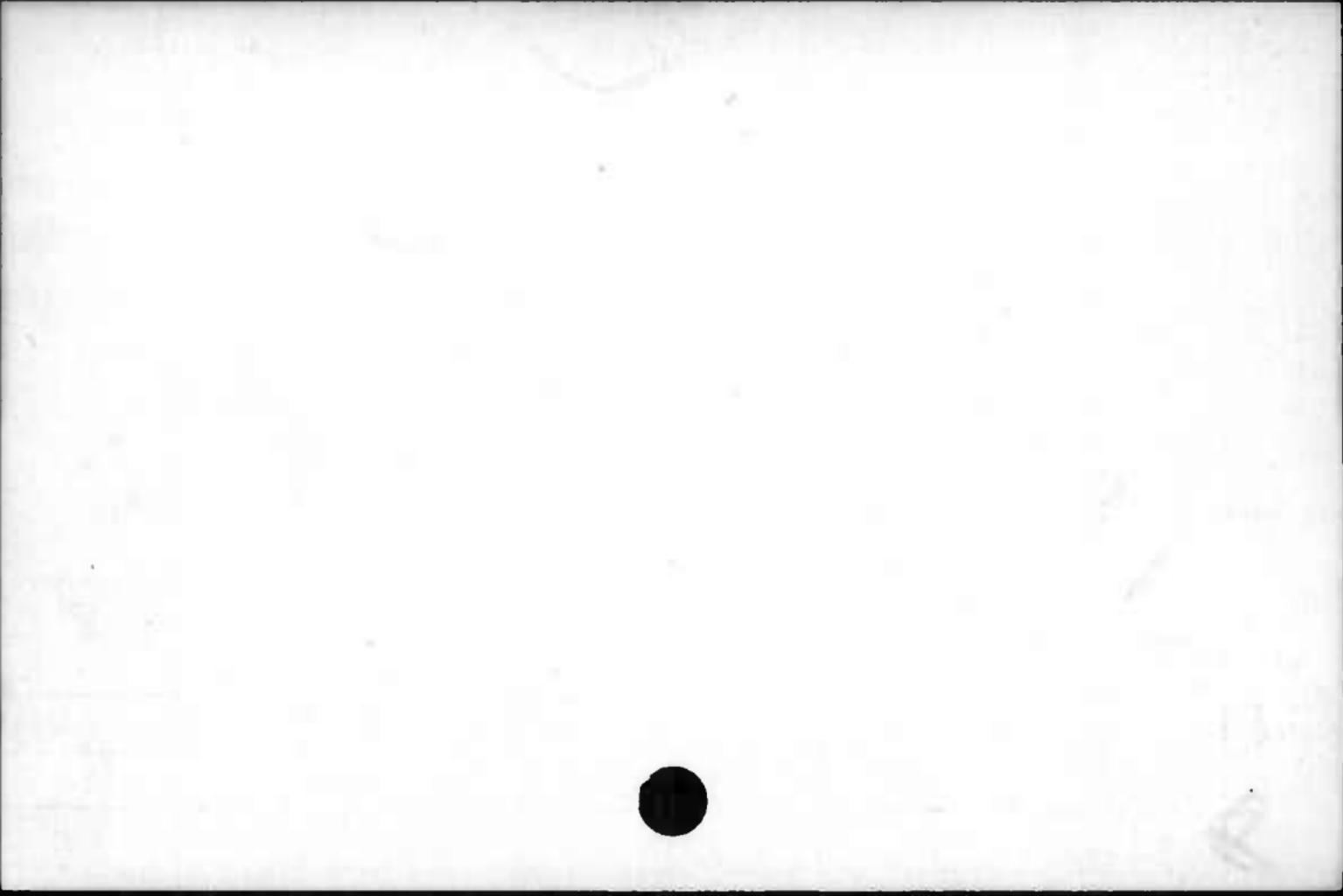
Signature of Physician

Address

W. G. Simpers
Chester Town

Accident or Suicide?

No



Name
in
Full

Dennis S. Broadway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond		Town Kent		County Kent		MARYLAND	
Date of death	1906	Month Oct	Day 3	Age	—	Months 9	Days —
Sex	Male	Color or Race	Colored	Birth-place	U.S.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband					
Father's Name	Dennis Broadway			Father's Birthplace	U.S.		
Mother's Maiden Name	Mary Miles			Mother's Birthplace	U.S.		
Name of person giving information	Mary Miles			How related to deceased	Grandmother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary a fall
Immediate Nervous fits

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

J. Norbeckley
Still Pond
Md.



D

Accident or Suicide?

Still Pond

William J. Broadway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hastings</u> <small>Town</small>		County <u>Petra.</u>		MARYLAND			
Date of death <u>1906 Oct.</u>	Month <u>Oct.</u>	Day <u>15</u>	Age <u>57</u>	Years	Months	Days	
Sex <u>Male.</u>	Color or Race <u>Black.</u>			Birth-place <u>Kent Co Md</u>			
Occupation <u>Librarian.</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Saura Broadway</u>						
Father's Name <u>John. Broadway</u>			Father's Birthplace <u>Kent Co Md</u>				
Mother's Maiden Name <u>Sylvia Granger</u>			Mother's Birthplace <u>Kent Co Md</u>				
Name of person giving information <u>Benjamin Broadway</u>			How related to deceased <u>Son,</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asphyxia64

How long

4 hours.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

611 Mainland St
Hastings Md

Accident or Suicide?

Chester town colored
Cemetery, John N. Dodd
Undertaker

Name
In
Full

Annie S Bryan

CERTIFICATE OF DEATH

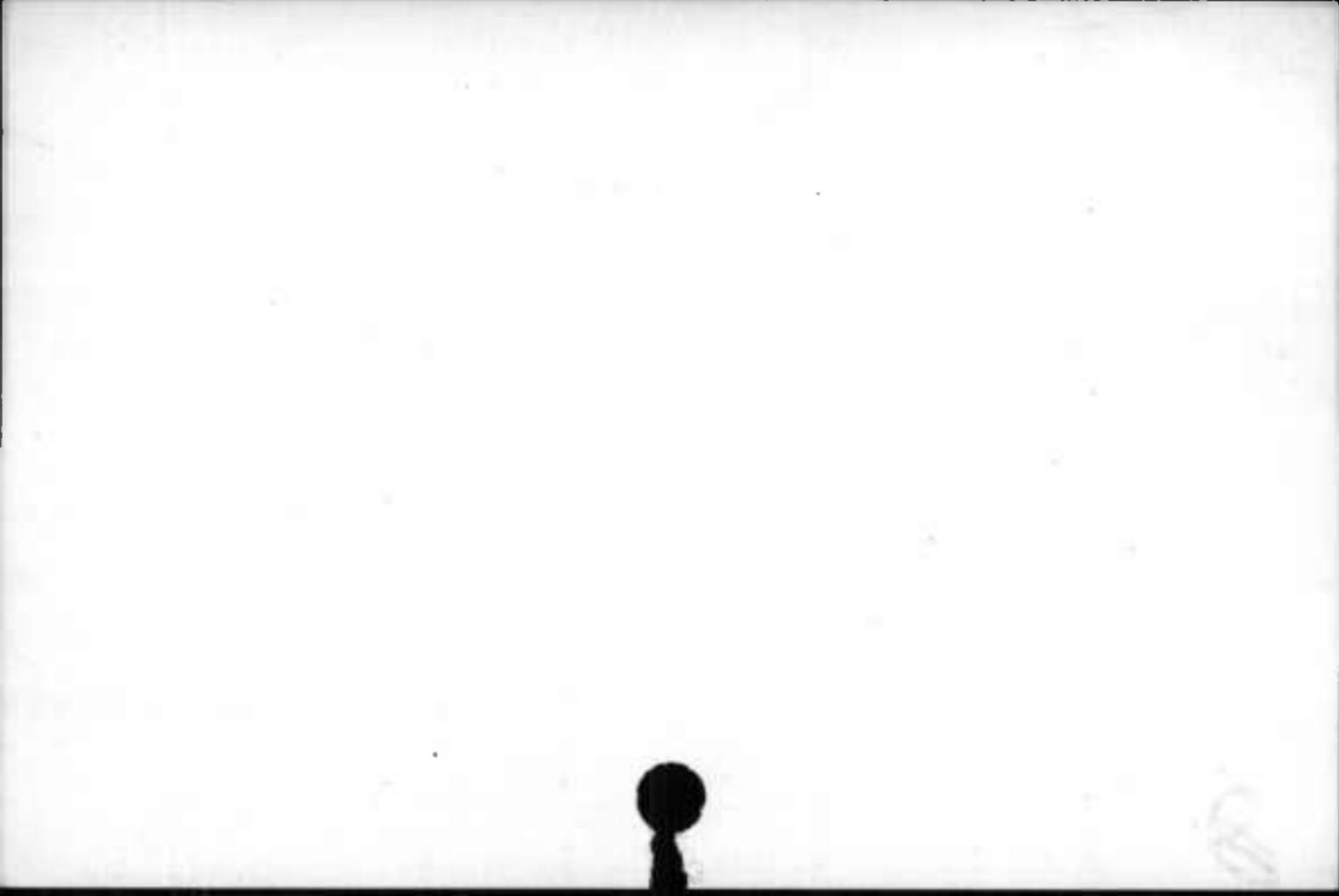
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race		White		Birth-place	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband		Joshua Bryan		
Father's Name	Muddleton		Father's Birthplace		Md	
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Mrs Bertha Jones		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of breast		43	How long	Qua. (about)
Immediate	Exhaustion			How long	several weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W G Simpers	
			Address	Chestertown, Md	
Accident or Suicide?		No			



Name
in
Full

George Buchanan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Chestertown</u>		County <u>Tent.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Oct.</u>	Day <u>20</u>	Years <u>About 56-60</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Virginia</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Near Chestertown.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Don't know</u>			
Father's Name <u>Do not know</u>	Mother's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	How related to deceased <u>no relation</u>				
Name of person giving information <u>Edwth Emory</u>	Employer <u>—</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism



How long

at least 1 year.

Immediate

Congestion of liver and

enlarged liver.

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

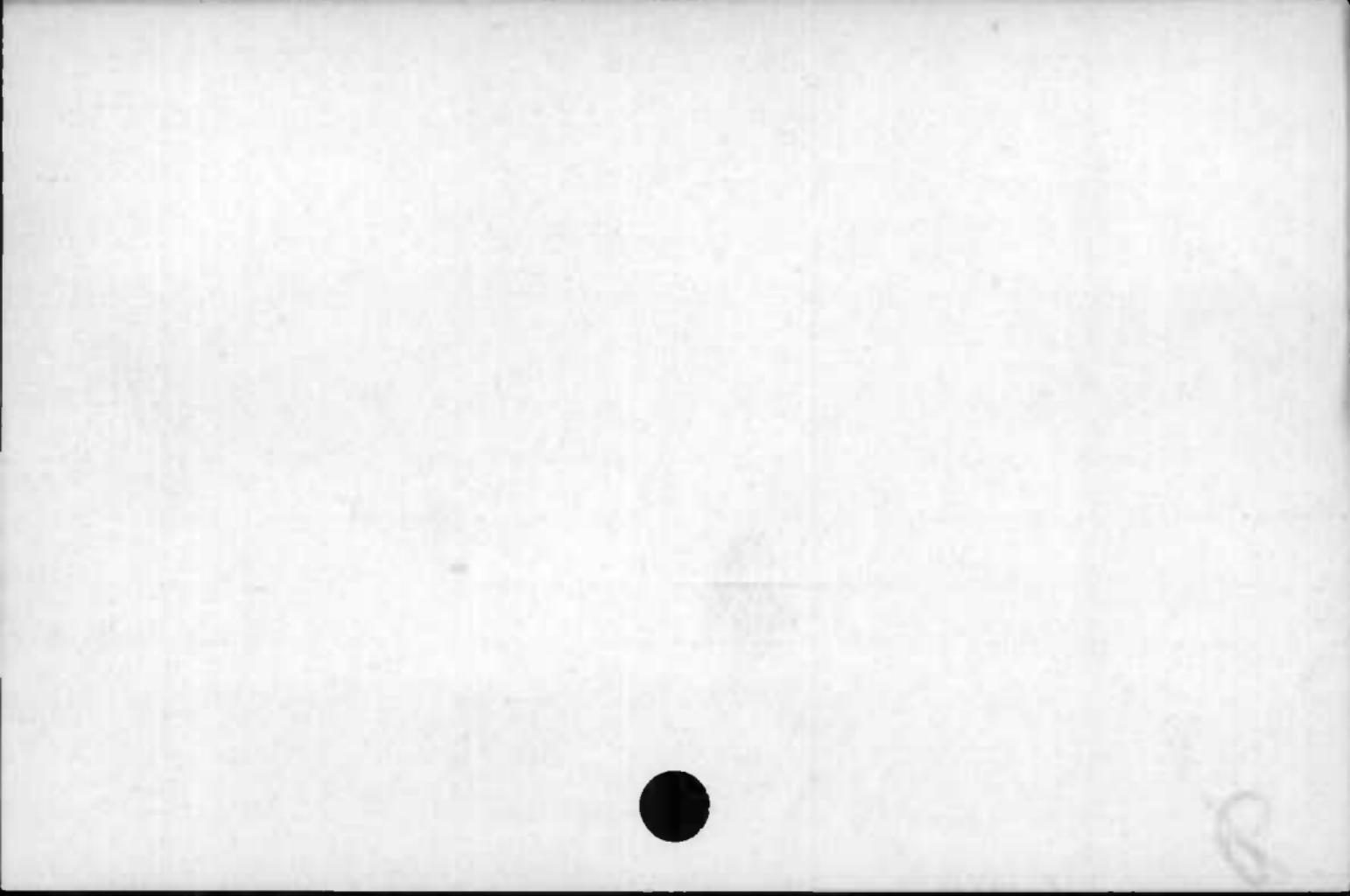
Signature of Physician

H. George Simmonds

Address

Chestertown,
Md.

Accident or Suicide? No.



Charles Henry Clegg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Forke</u> Town		<u>County</u> <u>West.</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Oct.</u>	Day <u>9</u>	Age <u>1</u>	Years	Months <u>5</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>African</u>	Where Residing if not at place of death <u>-</u>		Birth-place <u>Fairfax Md</u>		
Occupation <u></u>						
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>					
Father's Name <u>James J. Clegg</u>			Father's Birthplace <u>Hart Co Md</u>			
Mother's Maiden Name <u>Alma Waller</u>			Mother's Birthplace <u>Levi Co Md</u>			
Name of person giving Information <u>James J. Clegg</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary

Cholera infantum 105 2 days.

How long

Immediate

Dysentery

How long

Are the name, age, sex, color, date and place correctly given above?

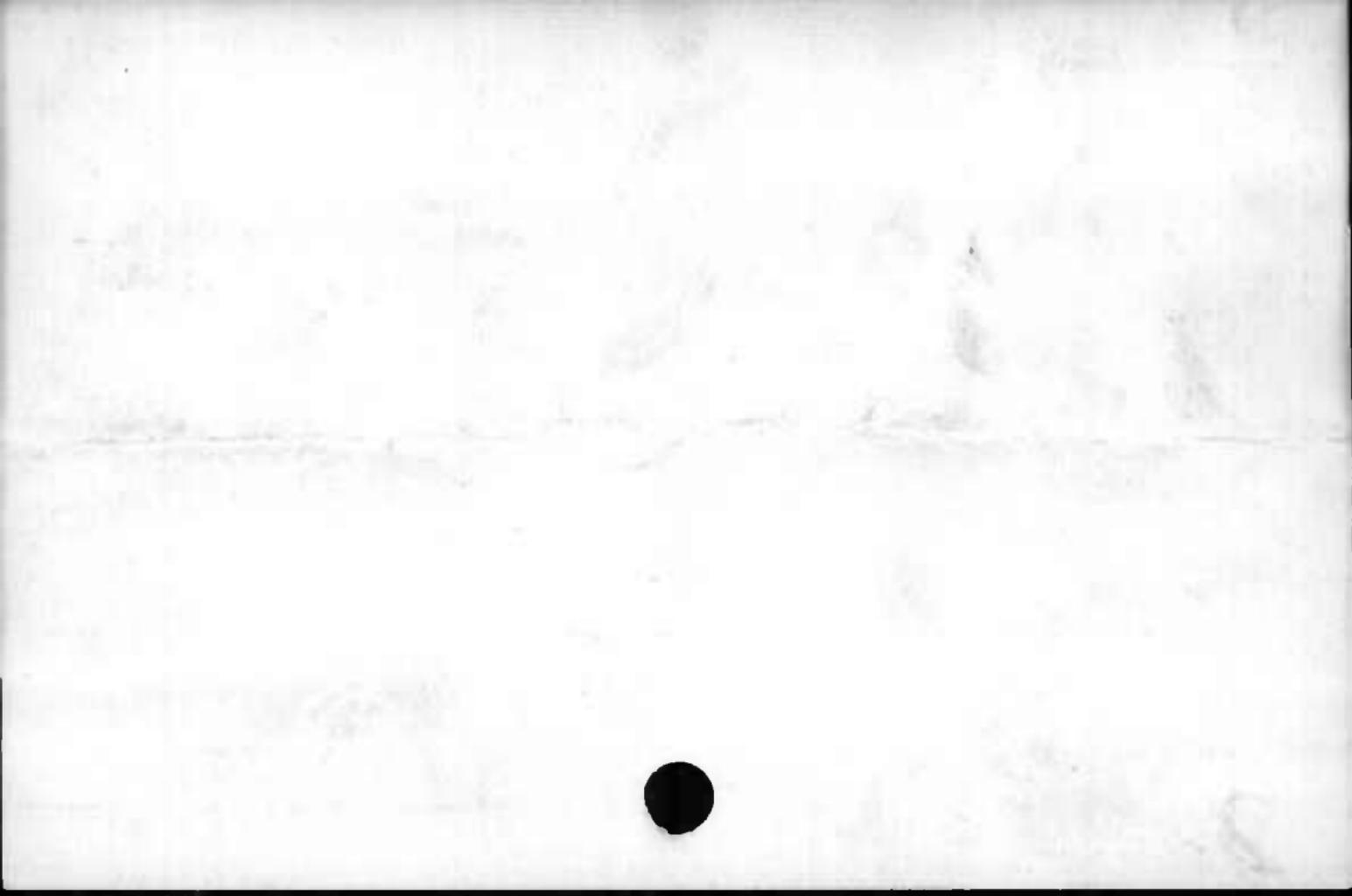
Signature of Physician

Address

Franklin Clegg, M.D.Fairfax
Md.

Accident or Suicide?

8



Name
in
Full

Baby Dorsey.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cohman		Town		County Kent		MARYLAND		
Date of death 1906	Month Oct	Day 6	Age —	Years —	Months —	Days 2		
Sex female	Color or Race	black		Birth- place	Md			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	—	Name of Wife or Husband						
Father's Name	Jeremiah Dorsey		Father's Birthplace	Md				
Mother's Maiden Name	Maggie Brooks		Mother's Birthplace	Md.				
Name of person giving Information	How related to deceased Father.							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immature Birth. (5)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

L. P. Atwell M.D.
Still Pond
Md.

Accident or Suicide?

coleman

Nelson Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Mehltona	County Kent	MARYLAND		
Date of death	Month Oct	Day 31	Years 11	Months	Days
Sex	Male	Color or Rece	60	Birth- place	Md
Occupation	School boy				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Saundry J. Ford			Father's Birthplace	Md
Mother's Maiden Name	Carrie Wright			Mother's Birthplace	Md
Name of person giving Information	Father			How related to deceased	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Typhoid fever



How long

5 week

Immediate

Exhaustion

How long

Death day

Are the name, age, sex, color, date
and place correctly given above?

Yes

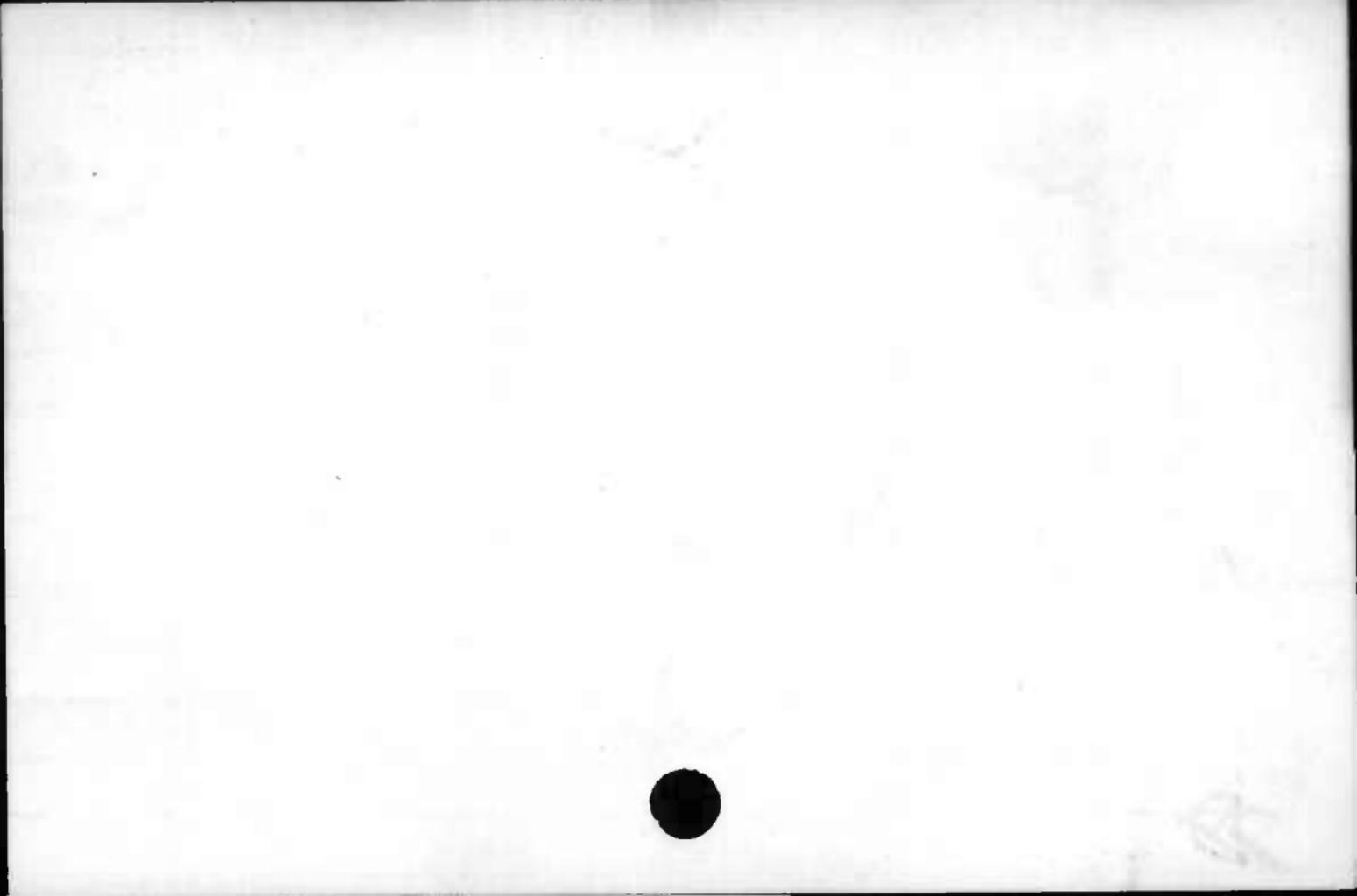
Signature of
PhysicianH. G. Simpson
Chesterton

Address

8

Accident or Suicide?

No

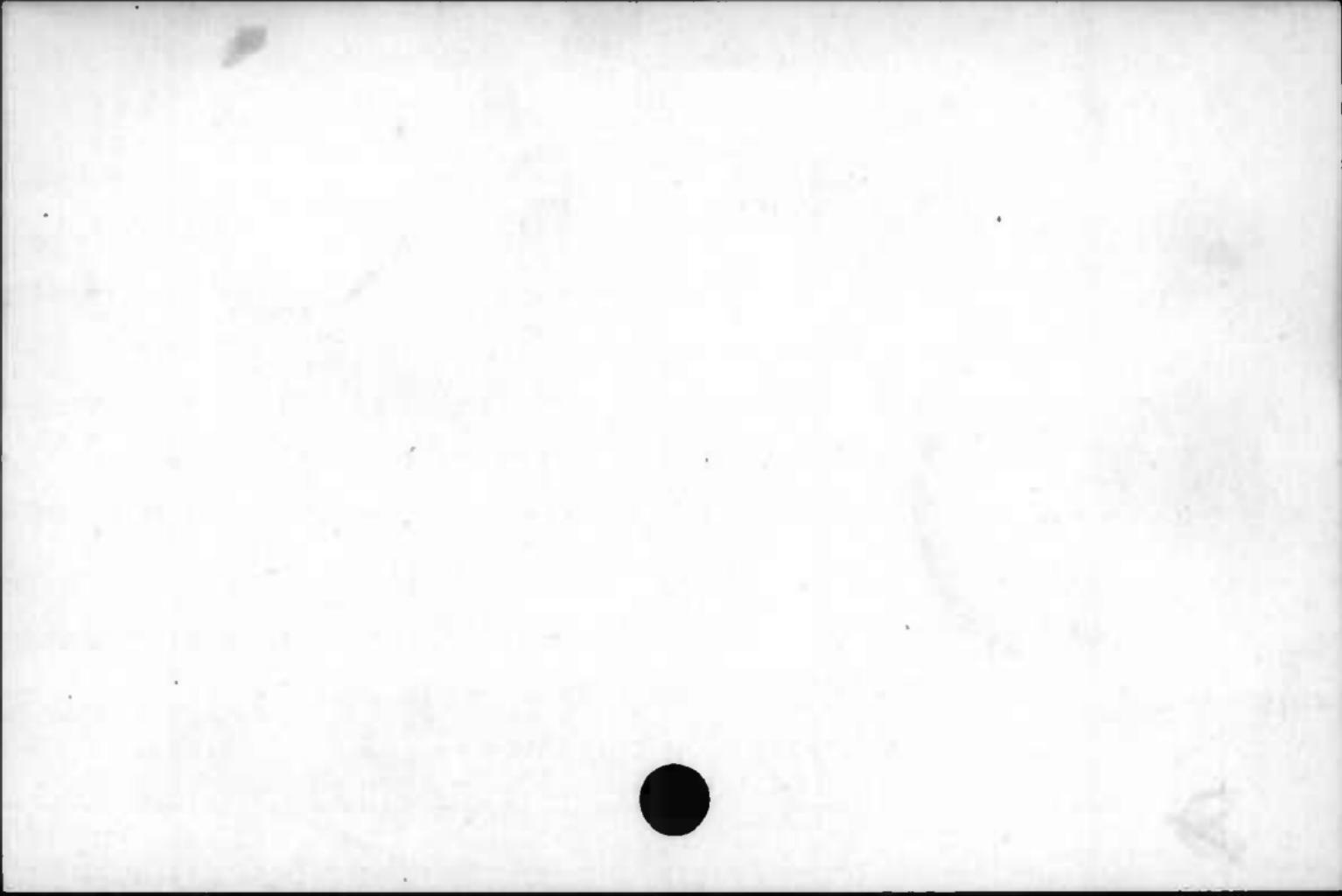


Charles. Fornan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1906 Oct.		Month	Day	Age	Years	Months
Sex	Male.	Color or Race	15.	24		Days
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Chas. Fornan.					
Mother's Maiden Name	Sarah. Corole					
Name of person giving information	Benjamin Donly.					
CAUSES OF DEATH						
Primary	Consumption of Drugs. 21					
Immediate	Exhaustion					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address	
D			G.W. Wheland		Md	
Accident or Suicide					Chesapeake Md	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

James Heyland Fowler.

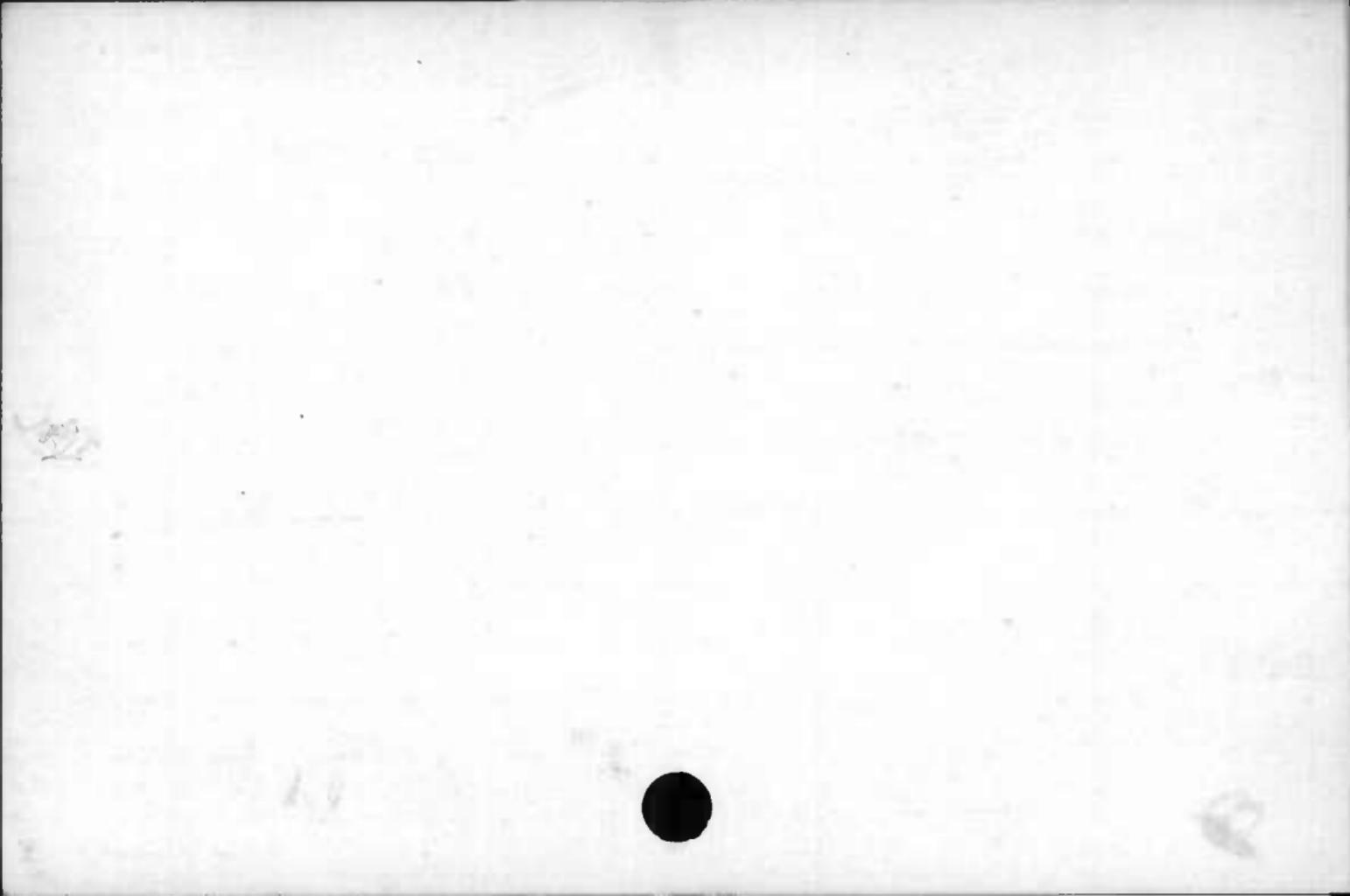
CERTIFICATE OF DEATH

Died at	Town Chesterfield	County 16th.	MARYLAND		
Date of death	1906 Oct.	Month Oct.	Day 10	Years 1	Months 3
Sex	Male.	Color or Race White	Birth-place Kens co and North Point (but co MD)		
Occupation	no	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Fowler.		Father's Birthplace Kens co MD		
Mother's Maiden Name	Florence U. Copper		Mother's Birthplace Kens co MD		
Name of person giving Information	M. Copper.		How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles Creep. ⑨	How long 2 days
Immediate	Smother.	How long 8 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. W. Wheland MD
Yes.		Address Chesterfield and
Is the death due to Accident or Suicide?		



Name
in
Full

Mary E. Tesser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Delawareys</u>	<u>Reeck</u>				
Date of death <u>1906 Oct 22</u>	Month	Day	Years	Months	Days
Age <u>-</u>			<u>6</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Infant</u>	Name of Wife or Husband				
Father's Name <u>John Tesser</u>			Father's Birthplace <u>Delaware</u>		
Mother's Maiden Name <u>Agnes Wettow (Gow)</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>John Tesser</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Inter Colitis

105

How long

One week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

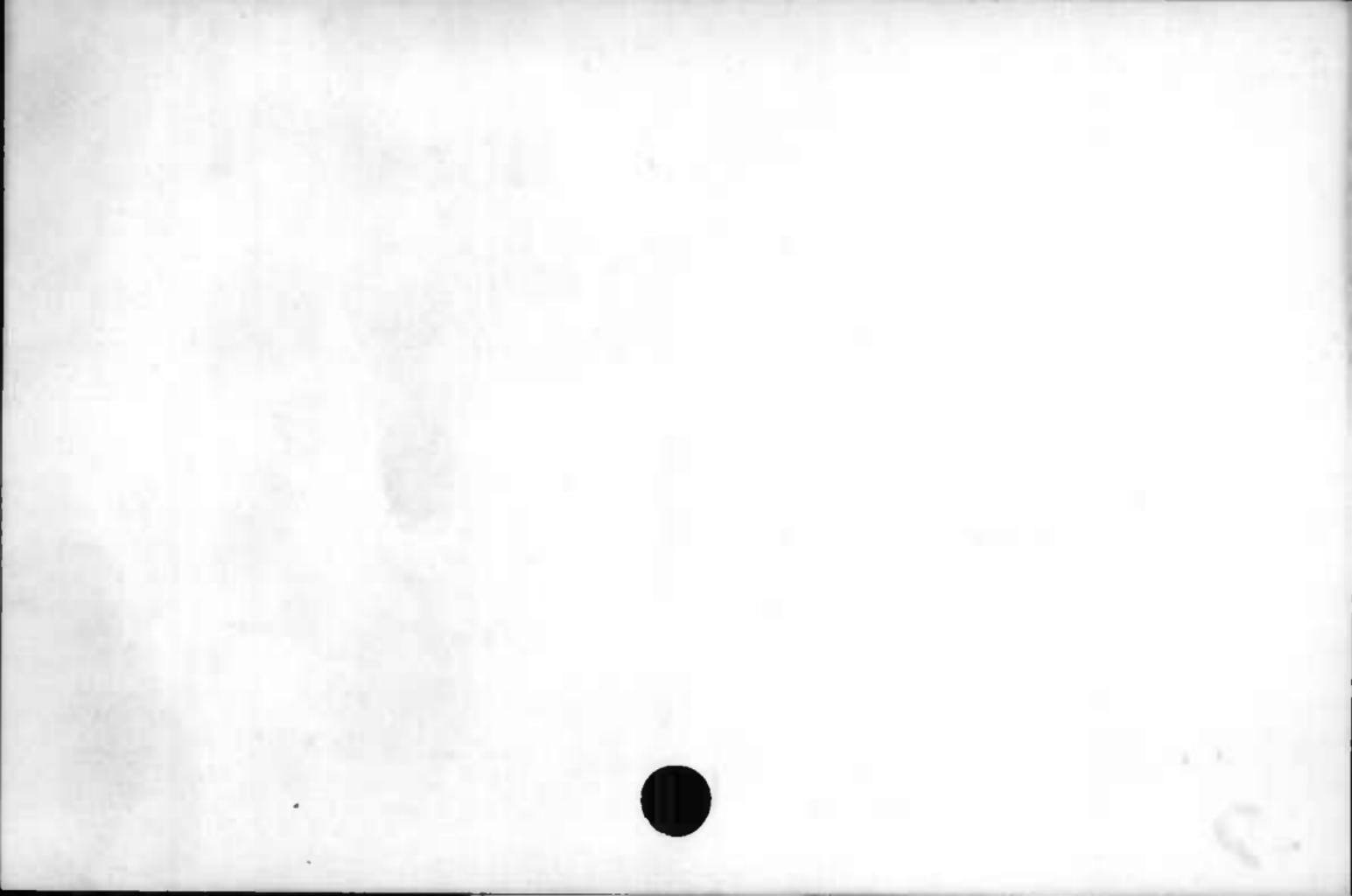
Address

60 Tesserian MD
Melington Md

PHYSICIAN
OR CORONER

8

Accident or Suicide?



Albertine Compte Hegg						CERTIFICATE OF DEATH	
Died at		Town		Place of Death		MARYLAND	
Date of death	1906	Month	Oct	Day	19	Years	56
Sex	Male	Color or Race	White	Birth-place	Kent Co		
Occupation	not any		Where Residing If not at place of death	Rock Hall, Md			
Married, Single or Widowed	Married		Name of Wife or Husband	Sallie Herach			
Father's Name	Benj. F. Lea		Father's Birthplace	Kent Co			
Mother's Maiden Name	Mary J. Woolishan		Mother's Birthplace	Kent Co			
Name of person giving information	Sallie Herach		How related to deceased	Wife			

CAUSES OF DEATH

Primary

Heart disease



How long

3 months

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

 Walter S. Kelly, M.D.
 Rock Hall, Kent Co.


Accident or Suicide?



Name
in
Full

Margaret A. Mathews

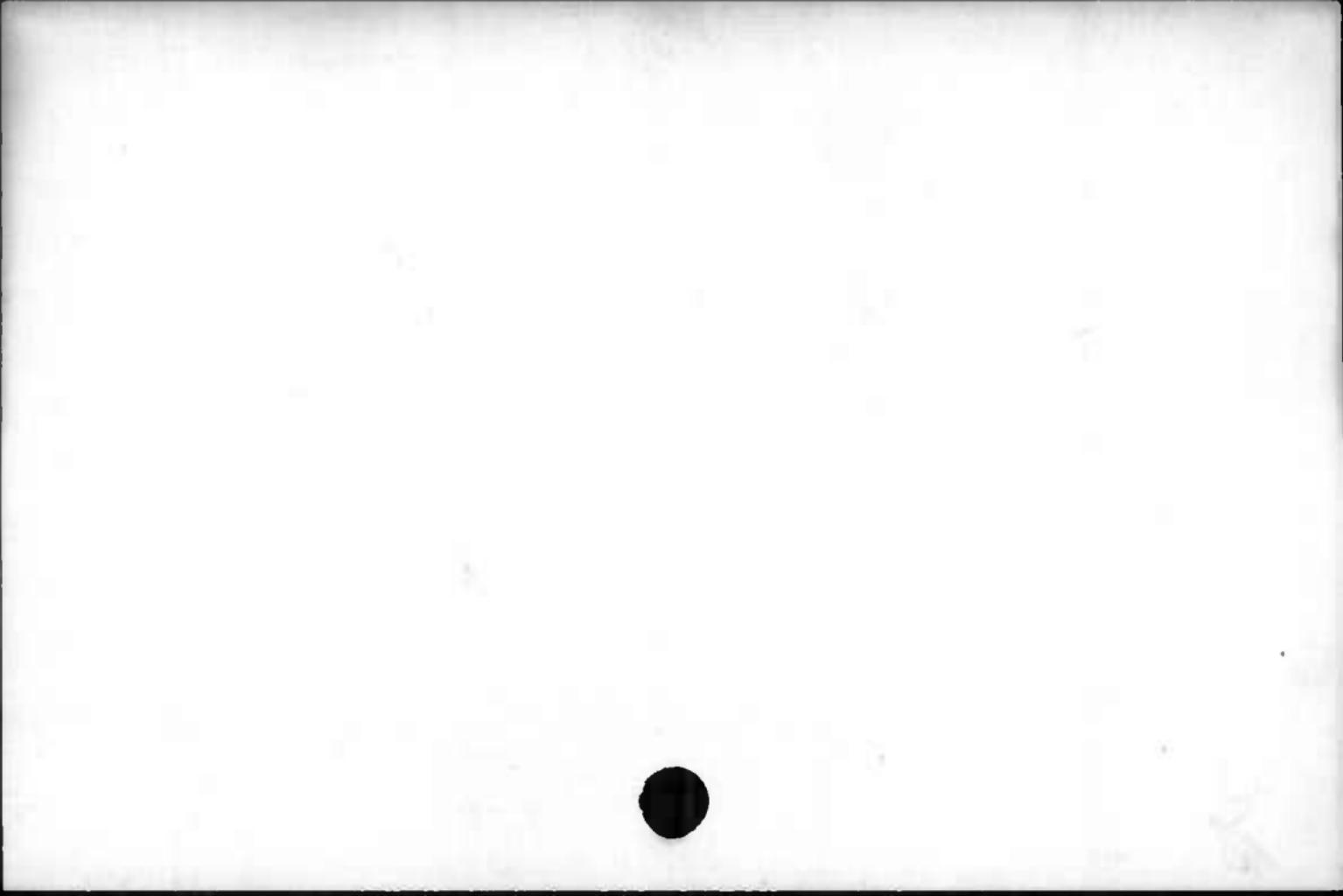
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
		Chestertown	Kent			
Date of death	Month	Day	Years	73	Months	Days
1906	Oct	20	Age			
Sex	Female	Color or Race	White	Birth- place	Del.	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Elias Silcox			Father's Birthplace	Md	
Mother's Maiden Name	Margaret Mercer			Mother's Birthplace	—	
Name of person giving Information	Mrs Alice Newcomb			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pericarditis	(N)	How long	4 weeks
	Immediate	Exhaustion (cardiac failure)	(N)	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Lumpkin	
			Address	Chestertown, Md	
Accident or Suicide?		NO			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Willard Melvin -

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	68	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Ellen Melvin		
Father's Name	Andrew W. Melvin			
Mother's Maiden Name	Susan Smith			
Name of person giving information	Alwyn M. Cutt			

CAUSES OF DEATH

Primary	Adipaxy (circular) and	How long	14 years
Immediate	Cancer of Stomach -	How long	2 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

8
Accident or Suicide?

Chester Leemont
John N. Todd
undated

Name
in
Full

John Francis Miles

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Dear Still Pond Town Kent County

MARYLAND

Date of death 1906 Month Oct Day 21 Age 58 Years

Months

Days

Sex Male

Color or Race

Black

Birth-place

U. S.

Occupation

LabourerWhere Residing if not
at place of deathMarried, Single
or WidowedmarriedName of Wife or
HusbandMary Starling

Father's Birthplace

Father's Name

Unknown

Mother's Birthplace

Mother's Maiden Name

UnknownHow related
to deceasedName of person giving
InformationMary Mileswife

CAUSES OF DEATH

Primary

Fracture

How long

(60)

8 days

Immediate

Intracranial Hemorrhage

How long

10 "

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. George Lee
Dear Still Pond, Md.

8

Accident or Suicide?

2401398
Quaker week

Name
in
Full

George Edward Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

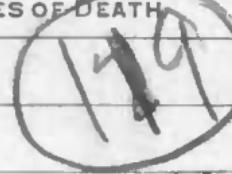
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	Och	27	Age
Sex	Color or Race	colored	Months
Male			8
Occupation	Where Residing If not at place of death		Days
Infant	Comona		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Edw. Miller	Father's Birthplace	Comona
Mother's Maiden Name	Alfonso Graves	Mother's Birthplace	Comona
Name of person giving information	John Edw. Miller	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis



How long

2 months

Immediate

Nephritis

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

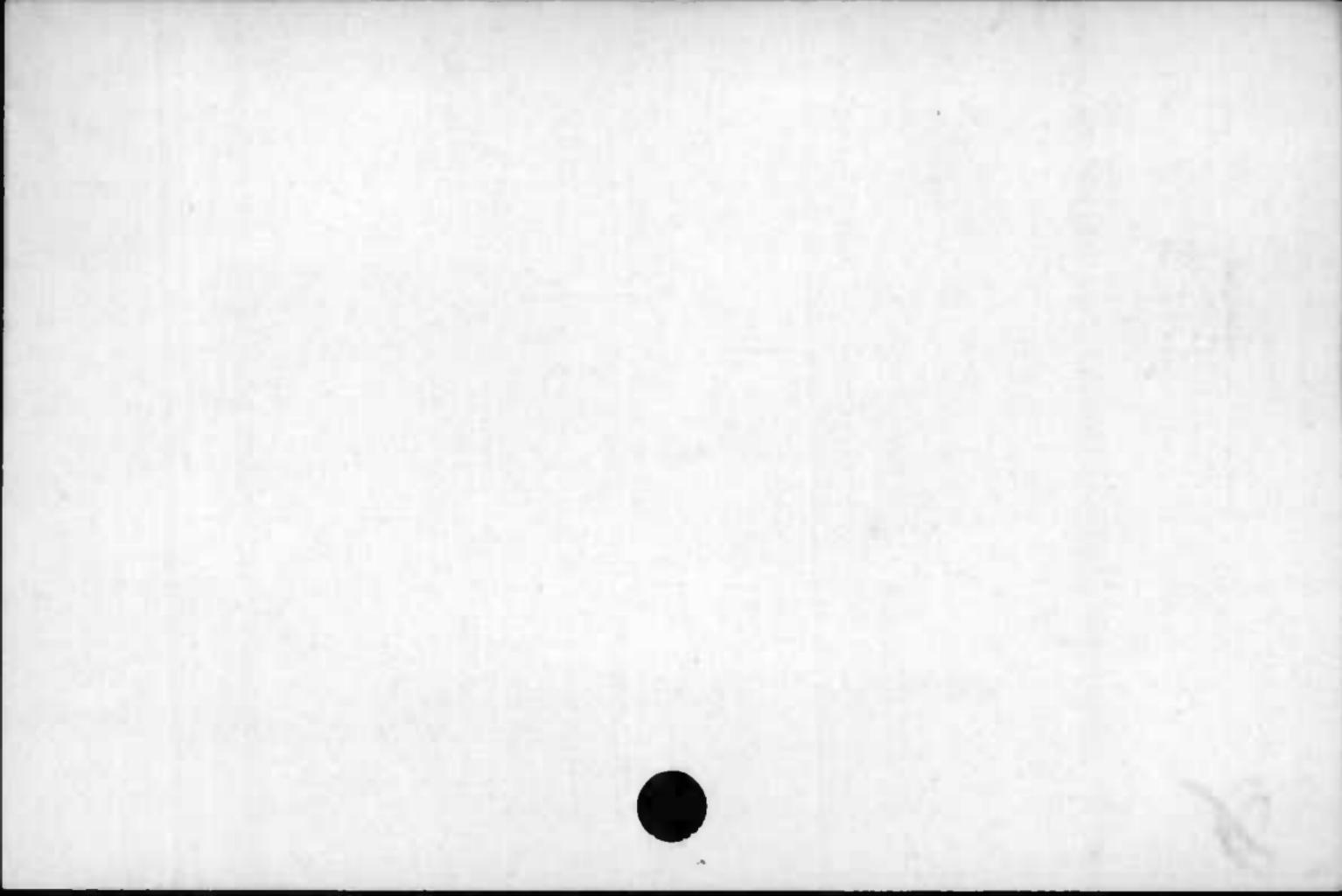
Address

H. George Timmons
Chesapeake Md



Accident or Suicide?

No. Sawtoothed once only in this illness on Oct 11



Sarah Scotten

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County				
Died at		Hear Locust Grove	Brent				
Date of death	Month	Day	Years		Months	Days	
1906	Oct	13	68		2	-	
Sex	female	Color or Race	White	Birth-place	U. S.		
Occupation	House wife			Where Residing if not at place of death	- - -		
Married, Single or Widowed	Widow	Name of Wife or Husband	- - -				
Father's Name	Greenwood			Father's Birthplace	U. S.		
Mother's Maiden Name	Anna Meekins			Mother's Birthplace	U. S.		
Name of person giving information	Miss Scotten			How related to deceased	daughter		
CAUSES OF DEATH							
Primary	Ovalcular heart disease			How long	2 weeks		
Immediate	Syncope			How long	a minute or two		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. H. Lassiter		
Yes				Address	Galena Md.		

PHYSICIAN
OR CORONERPrimary
Ovalcular heart disease

How long

2 weeks

Immediate
Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

J. H. Lassiter

Address

Galena Md.

Accident or Suicide?



Galeria.

Name
in
Full

Angelina Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tunneyville</u>		County <u>Tent</u>		MARYLAND	
Date of death <u>1906 Oct. 8</u>	Month	Day	Age <u>75</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Beach</u>	Birth-place <u>Tent to Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Tunneyville Md</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Henry Sewell</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>George Bawley</u>	How related to deceased <u>Son in law</u>				

CAUSES OF DEATH

Primary

Exsanguination and old age

How long

3 months

Immediate

Exsanguination

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. L. Barnick

Address

Tunneyville
2nd

PHYSICIAN
OR CORONER

Accident or Suicide?

Still Ranch

Name
in
Full

Infant

Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesertown

Town

County

MARYLAND

Date of death 1906 Oct 31

Month

Day

Years

Months

Days

Age

Sex

Male

Color or
Race

col

Birth
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Junior Smith

Father's
Birthplace

Md

Mother's
Maiden Name

Mariam Thomas

Mother's
Birthplace

Md

Name of person giving
information

John Thomas

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Natural causes (no attack)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

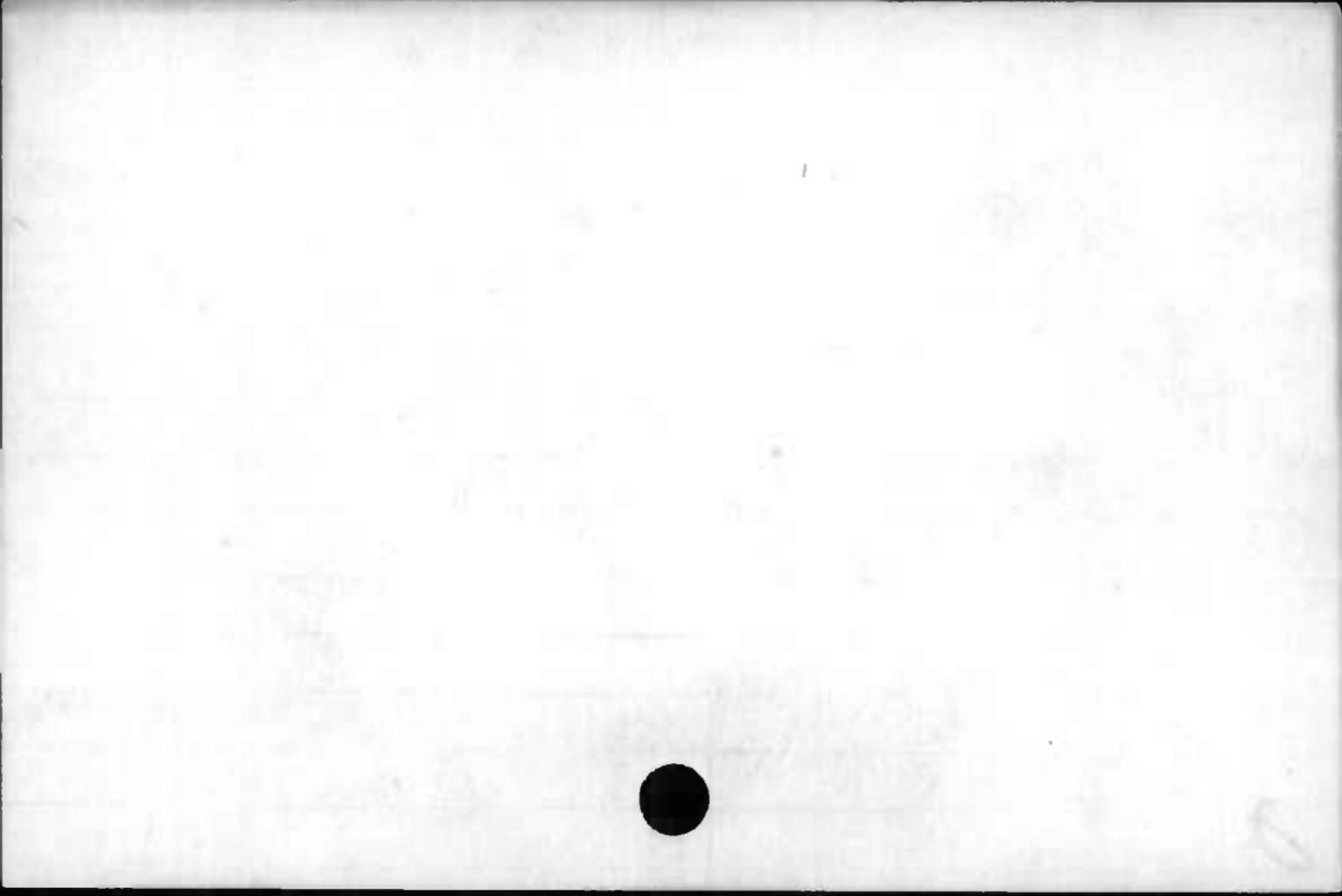
Signature of
Physician

H. G. Simpson Lee
Address: Local Board of Health
Chesertown, Md

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Jessie Fornasond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month Oct.	Day 18	Age 35 yrs	Years	Months
Sex	Female	Color or Race	Black.	Birth-place	md.	Days
Occupation	Housework.		Where Residing if not at place of death			
Married, Single or Widowed	My	Name of Wife or Husband	James E Fornasond		Father's Birthplace	md
Father's Name	George Woodard				Mother's Birthplace	md
Mother's Maiden Name	Ella Crosby				How related to deceased	husband
Name of person giving information	J. Fornasond					
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis				How long	2 yrs.
Immediate	Cachexia				How long	2 1/2 mo.
Are the name, age, sex, color, date and place correctly given above?			Yes.	Signature of Physician	Franklin S. Quell	
				Address	308 E. 2nd	
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
FullWilliam Sondorson Walter
Died at Still Pond

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at Still Pond	Rent
Date of death 1906 Oct 27	Age 17
Month	Years
Sex Male	Color or Race white
Occupation apprentice	Where Residing if not at place of death
Married, Single or Widowed single	Name of Wife or Husband
Father's Name Charles	Father's Birthplace Md
Mother's Maiden Name Mamie Brinkman	Mother's Birthplace Md
Name of person giving Information	How related to deceased father
Johns Walter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accident, explosion.	How long
Immediate	(b6)	9 hours.
Are the name, age, sex, color, date and place correctly given above?	yes.	How long

Signature of Physician

Address

W.S. Maxwell,

Still Pond, Md.

Accident ~~yes~~?

Still Pond